

01 UNIFORM BUSINESS REPORT (UBR)

1/30/

FILED
Mar 01, 2001 8:00 am
Secretary of State

01-30-2001 90119 016 ***150.00

DOCUMENT # P96000071089

1. Entity Name
SANTA ROSA DE LIMA MEDICAL, P.A.

Principal Place of Business

Mailing Address

1351 S VOLUSIA AVE
ORANGE CITY FL 32763
US

1351 S VOLUSIA AVENUE
ORANGE CITY FL 32763
US

2. Principal Place of Business
793 Health Care Dr.

3. Mailing Address
PO Box 740787

Suite, Apt.
Suite 102

Suite, Apt. #, etc.

City & State
Orange City, FL

City & State
Orange City, FL

Zip
32763

Country
USA

Zip
32774-0787

Country
USA

4. FEI Number **59-3400348**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CALDERON, SANTIAGO W.
1110 LITTLE SPARROW COURT
ORANGE CITY FL 32763

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and ☒ if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CALDERON, SANTIAGO W. 1110 LITTLE SPARROW CT. ORANGE CITY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Santiago W. Calderon **PRESIDENT** **2/18/01** **407-753-0661**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)